



## Certification by Employer of Deceased Member

State Form 44503 (R5 / 1-02)

Approved by the State Board of Accounts 2002

Indiana State Teachers' Retirement Fund  
150 West Market Street, Suite 300  
Indianapolis, IN 46204-2809  
Telephone: (317) 232-3860 / (888) 286-3544  
Fax: (317) 232-3882  
Home page: [www.in.gov/trf](http://www.in.gov/trf)

### PRIVACY NOTICE

Your Social Security number is being requested by this agency pursuant to the requirements of IRS Code 3405. This disclosure is mandatory and this form will not be processed without this information.

### TO BE COMPLETED BY THE EMPLOYER

Name of Deceased Member		Social Security number		TRF account number	
School Year	Contract Salary	Salary Earned (P-31 report)	Salary lost or extra earnings (+ or -)	Reason for salary loss or extra earnings	Salary included in P-31 paid in contemplation of retirement
1996-1997					
1997-1998					
1998-1999					
1999-2000					
2000-2001					
2001-2002					
Does the 1996-1997 P-31 Salary Earned Report above include any amount actually earned prior to July 1, 1996, but paid July 1, 1996 or later from a regular contract or summer school/other? <input type="radio"/> YES <input type="radio"/> NO GIVE AMOUNT: \$ <input type="text"/> REGULAR CONTRACT \$ <input type="text"/> SUMMER SCHOOL / OTHER					
Does the 1997-1998 P-31 Salary Earned Report above include any amount actually earned prior to July 1, 1997, but paid July 1, 1997 or later from a regular contract or summer school/other? <input type="radio"/> YES <input type="radio"/> NO GIVE AMOUNT: \$ <input type="text"/> REGULAR CONTRACT \$ <input type="text"/> SUMMER SCHOOL / OTHER					
Does the 2001-2002 P-31 Salary Earned Report above include any amount actually earned prior to July 1, 2001, but paid July 1, 2001 or later from a regular contract or summer school/other? <input type="radio"/> YES <input type="radio"/> NO GIVE AMOUNT: \$ <input type="text"/> REGULAR CONTRACT \$ <input type="text"/> SUMMER SCHOOL / OTHER					
Is this employee in the 1996 Plan? <input type="radio"/> YES <input type="radio"/> NO		Are the employee contributions paid by the employer? <input type="radio"/> YES <input type="radio"/> NO		Please list the date that the school began paying the contribution for the employee: <input type="text"/>	
<b>RECORD THE 2001-2002 QUARTERLY PAYMENTS</b>					
Quarter 2001-2002	Salary earned P-31 report	Contributions paid by the employee		Contributions paid by the employer	
1 <sup>st</sup> Quarter					
2 <sup>nd</sup> Quarter					
3 <sup>rd</sup> Quarter					
4 <sup>th</sup> Quarter					
Total days worked during the 2001-2002 school year?				<input type="text"/>	

(CONTINUED ON THE OTHER SIDE)

LIST THE TOTAL AMOUNT OF CONTRIBUTIONS MADE DURING THE SCHOOL YEAR <i>(July 1 through June 30)</i>			
School Year 2001-2002	Total Amount Paid \$ <input type="text"/>	Amount that the Employee Paid \$ <input type="text"/>	Amount that the Employer Paid \$ <input type="text"/>
Employer School Unit	TRF Employing Unit Number	County	
School Address <i>(Street, City, State, Zip)</i>		Area Code and Telephone Number	Person to Contact
<p>I hereby affirm that, under penalty of perjury, according to official records, the above information is true and accurate and that the SERVICE or LEAVE OF ABSENCE <i>(excepting disability retirement)</i> and COMPENSATION of _____,</p> <p>SSN _____, TRF number _____ for service as a teacher ceased on the _____ day of _____, _____.</p>			
Signature of Treasurer		Date Signed <i>(month, day, year)</i>	

1. Enclose a copy of the last year's contract, along with any amendments to that contract.
2. TRF requires this original form. We will not accept a copy.
3. Your cooperation will help expedite the first payment to the survivor. Your cooperation in the past has been greatly appreciated and we earnestly solicit your help to make this difficult time as easy as possible.
4. Do not hesitate to call or write with any questions or suggestions that might expedite this process.

**SEND COMPLETED DOCUMENTS TO:**

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